



Application for Chauffeur Permit Replacement

Instructions: This application is intended for Chauffeurs that are seeking replacement of an existing permit. Please use form RC-CP-100 if you are interested in obtaining a Chauffeur permit.

Please complete this application in its entirety and submit to DDS via one of the methods specified on page 2 if you are seeking a replacement permit. In addition to completing this application, you must also submit the following materials:

- ☐ A \$ 15.00 cashier's check or money order made payable to the Georgia Department of Driver Services.
- ☐ A current color photograph, 2" x 2" in size. (Please ensure you are not wearing white shirt in the photo)
- ☐ A photocopy of your current Georgia driver's license. Please be advised that the address on your Georgia driver's license must be current and must match address on this application.

Remember, the Department of Driver Services cannot process incomplete applications. If any of the above-referenced items is missing, it will delay processing time.

SECTION 1: Applicant Information

Last Name	First Name	Middle Name	Suffix
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Date of Birth	Driver's License #	State	Social Security #
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Chauffeur Permit #	Permit Issue Date	Permit Expiration Date	
<hr/>			
Home Address	City	State	Zip Code
<hr/>			
Mailing Address	<input type="checkbox"/> Same as above	City	State
		State	Zip Code
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SECTION 2: Limousine Company Information

Limousine Company	Company Phone		
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Company Address	City	State	Zip Code
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Company Website	Company Email Address	Applicant Email Address	
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SECTION 3: Applicant Affirmation

- ☐ I certify that I am surrendering my previous Chauffeur Permit. (*Attach previous permit*)
☐ I certify that I am unable to surrender my previous Chauffeur Permit for the following reason(s):

- ☐ It has been seized by an enforcement officer ☐ It has been lost, stolen, or destroyed
☐ It has been previously surrendered to a court or DDS ☐ Other _____

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

I understand that to knowingly make a false statement or conceal a material fact in this application shall result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Print Name

Legal Signature

Date

You may submit your completed Replacement Application:

By Mail

**Georgia Department of Driver Services
Regulatory Compliance Division
Attention: Chauffeur Permits
2206 East View Parkway
Conyers, Georgia 30013**

-OR-

In Person

**Conyers Customer Service Center
2206 East View Parkway
Conyers, Georgia 30013
Please call (678) 413-8474 in advance.**